IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

WESTERN DI	ISTRICT OF FERNISTLYANIA
IN RE	
Steven Darling Barbara M. Darling Debtors) Case No. 17-20214 GLT) Chapter 13
Steven Darling Barbara M. Darling Movants) Docket No.
Vs. No Respondents))
AMENI	DMENT COVER SHEET
Amendment(s) to the following petition herewith:	, list(s), schedule(s), or statement(s) are transmitted
Voluntary Petition. Specify reasonand the debtors income and monthly ho	on for amendment. The husband debtor recently retired susehold expenses have changed.
Summary of Schedules Schedule A – Real Prope	
Schedule B - Personal Proj Schedule C - Property Cla Schedule D - Creditors h	imed as Exempt
Check one: Creditor(s) NO creditor(s) Creditor(s)	or(s) added
Schedule E – Creditors H Check one: Creditor(s) NO credito	,
reditor(s	

Schedule F – Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added
NO creditor(s) added
Creditor(s) deleted

Schedule G – Executory Contracts and Unexpired Leases
Check one:
Creditor(s) added
NO creditor(s) added
Creditor(s) deleted
Schedule H – Codebtors
X_ Schedule I - Current Income of Individual Debtor(s) Attached is Amended
Schedule I
X_ Schedule J- Current Expenditures of Individual Debtor(s) Attached is Amended
Schedule J
Statement of Financial Affairs
Chapter 7 Individual Debtor's Statement of Intention
Chapter 11 List of Equity Security Holders
Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
Disclosure of Compensation of Attorney for Debtor
Other:

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Date: June 22, 2021 /s/ Kenneth M. Steinberg

Attorney for the Debtors
STEIDL & STEINBERG
Suite 2830 – Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 391-8000
PA I.D. No. 31244
kenny.steinberg@steidl-steinberg.com

Fill in this information to identify y	our case:	
Debtor 1 Steven	Darling	
Debtor 2 Barbara (Spouse, if filling)	M. Darling	
United States Bankruptcy Court f	or the: WESTERN DISTRICT OF PENNSYLVANIA	
Case number 17-20214		Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I		MM / DD/ YYYY
Schedule I: Your	ncome	12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spous		
	If you have more than one job,	Fundament status	☐ Employed	■ Employed		
	attach a separate page with information about additional	Employment status	■ Not employed	☐ Not employed		
	employers.	Occupation	Retired	Customer Service		
	Include part-time, seasonal, or self-employed work.	Employer's name		ProCare Pharmacy		
	Occupation may include student or homemaker, if it applies.	Employer's address		1 CVS Drive Woonsocket, RI 02895		
		How long employed t	here?	3 years		

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 2,490.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

	otor 1 otor 2	Steven Darling Barbara M. Darling	_		Case	e number (<i>if kn</i>	own)	17-2	20214		
	Сор	y line 4 here	4.		Fo	r Debtor 1	.00		r Debtor n-filing s 2		
_					_			_			_
5.		all payroll deductions:			Φ.			•			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_ \$.00	* *		426.00	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b 5c		\$ \$.00	•		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$ _		.00	· \$_		65.00	_
	5e.	Insurance	5e		\$ -		.00	- \$_		0.00 499.00	_
	5f.	Domestic support obligations	5f.		\$-		.00	· \$_		0.00	_
	5g.	Union dues	5g		\$ -		.00	· \$_		0.00	
	5h.	Other deductions. Specify: HSA account	5h		\$.00			50.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* - \$.00	* - \$	1	,040.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$.00	* _ \$, 040.00 ,450.00	_
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8a 8b		\$_ \$_ \$_	0	.00	\$_ \$_ \$_		0.00 0.00	
		settlement, and property settlement.	8c) .	\$	0	.00	\$		0.00)
	8d.	Unemployment compensation	8d	l.	\$	0	.00	\$		0.00	<u> </u>
	8e.	Social Security	8e) .	\$	1,172	.70	\$		0.00)
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g		\$_ \$_ \$_	0	.00	\$_ \$_ + \$		0.00 0.00 0.00)
	011.		_ '''	···	Ψ_		.00	. —		0.00	<u>,</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	1,172	.70	\$_		0.0	00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		1,172.70	+ \$	1,	,450.00	= \$_	2,622.70
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•			Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$	2,622.70
13.	Do	you expect an increase or decrease within the year after you file this form	?							Comb	inea ily income
		No.									
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this infor	mation to identify yo	our case:						
Deb	tor 1	Steven Darli	na			Ch	eck if t	his is:	
			9				An a	mended filing	
Deb	tor 2	Barbara M. D	Darling						ving postpetition chapter
(Spc	ouse, if filing)						13 e	xpenses as of	the following date:
Unit	ed States Ba	nkruptcy Court for the	: WESTE	ERN DISTRICT OF PENNS	SYLVANIA		MM	/ DD / YYYY	
ļ.	e number nown)	17-20214							
Of	fficial F	orm 106J							
So	chedu	le J: Your	Exper	ises					12/15
Be info	as completormation. If	te and accurate as	possible eded, atta	. If two married people are					
Par		scribe Your House	hold						
1.	•	oint case?							
		o to line 2. loes Debtor 2 live i	in a conar	ata hausahald?					
			iii a sepai	ate nousenoid:					
		No Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	<i>hold</i> of De	ebtor 2		
2.	Do you h	ave dependents?	■ No						
	Do not list Debtor 2.	t Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	Do not sta	ate the							□ No
	dependen	its names.							☐ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
									□ No
									☐ Yes
3.		expenses include	.	No					
		s of people other t and your depende		Yes					
Est exp app	imate your enses as o blicable dat	of a date after the l	our bankr bankrupto	uptcy filing date unless y y is filed. If this is a supp	lemental <i>Schedul</i> e				
the		uch assistance an		government assistance if cluded it on Schedule I: Y				Your expe	enses
4.		al or home owners and any rent for th		uses for your residence. In or lot.	nclude first mortgage	4.	\$		467.34
	If not incl	luded in line 4:							
	4a. Rea	al estate taxes				4a.	\$		183.00
		perty, homeowner's	-			4b.	\$		44.00
		me maintenance, re	•			4c.	· · ·		200.00
5.		meowner's associat		dominium dues our residence, such as hor	me equity loans	4d. 5.	· ·		0.00 0.00
٠.	,		y		oquity lourio	٥.	Ψ		0.00

ebtor 1	Steven Darling	_		17-20214
btor 2	Barbara M. Darling	Case num	ber (if known)	17-20214
Util	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	305.00
6b.	Water, sewer, garbage collection	6b.	\$	95.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	240.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	od and housekeeping supplies	7.	\$	600.00
Chi	ldcare and children's education costs	8.	\$	0.00
Clo	thing, laundry, and dry cleaning	9.	\$	50.00
Per	sonal care products and services	10.	\$	55.00
Med	dical and dental expenses	11.	\$	125.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	¢.	200.00
	not include car payments.		·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	85.00
	aritable contributions and religious donations	14.	\$	0.00
	urance. not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	82.00
	. Health insurance	15b.	· ·	175.00
	. Vehicle insurance	15c.	· -	91.00
	. Other insurance. Specify:	15d.	\$	0.00
	res. Do not include taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	0.00
	cify:	16.	\$	0.00
	tallment or lease payments: . Car payments for Vehicle 1	17a.	¢	0.00
	• •			0.00
	Car payments for Vehicle 2	17b. 17c.	· -	0.00
	Other. Specify: Other. Specify:	— 17c. 17d.	\$	0.00
	ir payments of alimony, maintenance, and support that you did not report as		Φ	0.00
	lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	ecify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
	. Mortgages on other property	20a.	·	0.00
20b	. Real estate taxes	20b.	· -	0.00
	. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	. Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	. Homeowner's association or condominium dues	20e.		0.00
Oth	er: Specify: Cigarettes	21.	+\$	350.00
Pet	expenses, holiday gifts		+\$	89.00
Cal	culate your monthly expenses			
	. Add lines 4 through 21.		\$	3,436.34
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	. Add line 22a and 22b. The result is your monthly expenses.		\$	3,436.34
Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,622.70
	. Copy your monthly expenses from line 22c above.	23b.	-\$	3,436.34
23c	. Subtract your monthly expenses from your monthly income.	22	•	042.04
	The result is your monthly net income.	23c.	\$	-813.64
For	you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your lification to the terms of your mortgage?			ease or decrease because o
I	, , , , , , , , , , , , , , , , , , , ,			
	vo. Yes Explain here:			
1 1 '	res i Expiditi ficio.			